

# Communication Tools

## **Pertussis Kit Communication Tools**

**Pertussis Fact Sheet (English and Spanish):** The target population for the fact sheet is the general public. It can be used as a handout at conferences, given by physicians to patients, and placed on websites. If the fact sheet is edited, the TDH logo and stock number must be removed. The fact sheet will be included in the “Healthy Word” section of the June issue of Texas Medicine.

**Letter to physicians:** Once an outbreak is identified it is vital to notify local area physicians and hospitals as soon as possible. In communicating with physicians, it is important not to confuse the public health case definition of pertussis with the diagnostic criteria used by physicians. The primary purpose of this letter is to reduce transmission of pertussis during an outbreak by raising the physician’s index of suspicion for pertussis; thereby treating more patients early in the course of their illness. Suspected cases (whether they have been coughing two weeks or not) should be reported immediately to the local health authority. The letter should be sent out under local health authority letterhead whenever possible. During an outbreak, it is recommended that all pediatricians, family practice physicians, hospitals, and urgent care facilities within the local jurisdiction be notified of the outbreak. Generally, the scope of the alert should not be limited to a small geographic area (zipcode, school district, etc.) because many clients travel outside of their residential area to visit their physician of choice. In some cases, the regional TDH office may need to send out letters to surrounding counties.

**Pertussis Testing:** The handout can be included with the letter to physicians, given as a handout at conferences, and included on websites. It helps reinforce the idea that laboratory testing is confirmatory, and that laboratory results should not delay treatment when pertussis is suspected. One of the reasons the percentage of laboratory confirmed cases is low in Texas is that there have been problems with the type of specimens collected as well as the technique used. The handout clearly shows the appropriate positioning of a nasopharyngeal swab. The handout directs physicians to private laboratories and the Texas Department of Health for pertussis testing. NOTE: Although this handout looks similar to “Pertussis Collection Kit Instructions”, it is different. “Pertussis Collection Kit Instructions” and the accompanying form are distributed by the TDH laboratory and are included in pertussis test kits.

**Notification letter to parents from school (English and Spanish):** The letter is meant to inform parents of an outbreak at their child’s school. Letters to parents should (1) briefly summarize what the problem is (scope of the problem in the school and/or community), (2) educate parent on how to recognize signs and symptoms of pertussis, (3) communicate the potential consequences of not treating pertussis, and (4) provide information about what parents need to do to protect their child.

**Pertussis Press Release:** News organizations will be interested in running stories about pertussis during outbreaks. The document provides some suggestions for key points to include in a press release or news story. Many examples articles can be found by conducting an internet search on pertussis.

## **FACT SHEET**

## **Pertussis (Whooping Cough)**

### **What is pertussis?**

Pertussis, also called “whooping cough,” is a disease caused by bacteria. Pertussis is usually mild in older children and adults, but it often causes serious problems in babies.

### **Who gets pertussis?**

Pertussis is most common among babies, but anyone can get it. Pertussis can be hard to diagnose in babies, teens, and adults because their symptoms often look like a cold with a nagging cough. Babies often get pertussis from older children or adults.

### **What are the symptoms of pertussis?**

Pertussis begins like a cold, with a runny nose, sneezing, mild fever, and cough that slowly gets worse. After one to two weeks, the cough gets worse and usually starts to occur in strong “coughing fits.” This type of coughing may last for six or more weeks. There is generally no fever during this time. In young children, coughing fits are often followed by a whooping sound as they try to catch their breath. After coughing, a person may have difficulty catching their breath, vomit, or become blue in the face from lack of air. The coughing spells may be so bad that it is hard for babies to eat, drink, or breathe. The cough is often worse at night, and cough medicines usually do not help reduce the cough. Between coughing spells, the person often appears to be well. Some babies may only have apnea (failure to breathe) and can die from this. Adults, teens, and vaccinated children often have milder symptoms that mimic bronchitis or asthma.

### **How is pertussis spread?**

The pertussis bacteria live in the nose, mouth, and throat, and are sprayed into the air when an infected person sneezes, coughs, or talks. Other people nearby can then inhale the bacteria. Touching a tissue or sharing a cup used by someone with pertussis can also spread the disease. The first symptoms usually appear within 5 days to 21 days after a person is infected.

### **Is pertussis dangerous?**

It can be, especially for babies. Pertussis can cause breathing problems (apnea), pneumonia, and swelling of the brain (encephalopathy), which can lead to seizures and brain damage. Pertussis can also cause death (rarely), especially in babies.

### **How is pertussis diagnosed?**

A doctor may diagnose a patient with pertussis because of their symptoms. To confirm the diagnosis, the doctor will swab the back of the nose for laboratory testing. It is important to remember laboratory tests may be negative even if a patient has pertussis.

### **How is pertussis treated?**

Antibiotics are used to treat the infected person and their close contacts. In addition, it is helpful to get plenty of rest and fluids. Persons hospitalized with severe pertussis may need special treatments to help them through prolonged periods of coughing.

### **Can pertussis be prevented?**

Yes. Pertussis may be prevented in household members and close contacts of a person with pertussis by treating them with antibiotics, even if they have been vaccinated. Vaccination of children in early infancy may also prevent pertussis. Pertussis vaccine is given along with diphtheria and tetanus vaccines in the same shot (called DTaP). The vaccine cannot be given to persons seven years of age or older. Vaccine protection begins to fade in older children and adults. Most hospitalizations and deaths occur in children less than three months of age. When possible, babies should be kept away from people who are coughing. Babies with any coughing illness should be seen by a doctor.

### **Is the pertussis vaccine safe?**

Yes, it is safe for most people. Though there is a very slight risk of problems caused by the vaccine, pertussis is extremely serious. Pertussis causes about 10 deaths to 20 deaths each year in the United States. That is why experts recommend that all babies and children be given a full series of DTaP vaccine unless there is a medical reason not to receive the vaccine.

### **Where can you get more information?**

Your doctor or nurse  
Your local health department  
The Texas Department of Health, Immunization Division  
(800)252-9152

**¿Qué es la tos ferina?**

La tos ferina o pertussis es una enfermedad que la causa una bacteria. Por lo regular la tos ferina es leve en los adolescentes y adultos, pero causa problemas muy serios en los bebés.

**¿A quién le da la tos ferina?**

La tos ferina es más común en los bebés, pero a cualquiera le puede dar. Puede ser difícil de diagnosticar en los bebés, adolescentes, y adultos porque los síntomas pueden parecerse a los de un resfriado con tos. Los bebés con frecuencia se contagian con tos ferina de niños más grandes o adultos.

**¿Cuáles son los síntomas de la tos ferina?**

La tos ferina empieza como un resfriado común, con mucosidad en la nariz, estornudos, poco de fiebre, y tos que de poquito a poquito empeora. Después de una semana o dos la tos empeora y luego empieza a ocurrir en ataques sofocantes. Este tipo de tos puede durar por seis semanas o más. Típicamente, no hay fiebre durante este tiempo. En los niños chiquitos, a los ataques sofocantes de tos los sigue un ruido sibilante que ocurre cuando el niño trata de alcanzar el resuello. Después de toser, la persona frecuentemente tiene dificultad al tratar de respirar, vomita, o la cara se le pone azul por falta de aire. Los ataques de tos pueden ser tan severos que los bebés no pueden comer, beber, o respirar. Entre los ataques sofocantes de tos la persona parece estar bien y sana. Algunos bebés solamente tienen apnea (inhabilidad de poder respirar) y pueden morir a causa de esto. Los adultos, adolescentes, y niños vacunados frecuentemente tienen síntomas más leves, parecidos a los de la bronquitis y el asma.

**¿Cómo se contagia la tos ferina?**

La bacteria de la tos ferina vive en la nariz, boca, y garganta, y se rocía por el aire cuando una persona infectada estornuda, tose, o habla. Otras personas junto pueden respirar la bacteria. La tos ferina también se puede propagar tocando un pañuelo o bebiendo de la misma taza usada por alguien que tiene tos ferina. Los primeros síntomas de la tos ferina típicamente aparecen de cinco a veintiún días después de que la persona se infecta.

**¿Es peligrosa la tos ferina?**

Puede ser peligrosa, especialmente para los bebés. La tos ferina causa problemas de respiración (apnea), pulmonía, y hinchazón en el cerebro (encefalitis), que puede causar ataques y daño al cerebro. La tos ferina también puede causar la muerte (rara es la vez), especialmente en los bebés.

### **¿Cómo se diagnostica la tos ferina?**

Un médico puede diagnosticar a un paciente con tos ferina por medio de los síntomas. Para confirmar la diagnosis, el médico puede trapear el fondo de la nariz para hacer un examen en el laboratorio. Es importante recordar que aunque los resultados del examen de laboratorio sean negativos aún así puede haber tos ferina.

### **¿Como se trata la tos ferina?**

Se usan antibióticos para tratar a las personas infectadas y a los contactos cercanos. También, es buena idea descansar y tomar muchos líquidos. Personas hospitalizadas con casos severos de tos ferina necesitan tratamientos especiales para ayudarlas pasar por los ataques sofocantes de tos.

### **¿Se puede prevenir la tos ferina?**

Si. La tos ferina se puede prevenir en miembros de la misma casa y en los contactos cercanos de una persona infectada tratandolos con antibióticos, aunque hayan sido vacunados. La vacunación de niños en la infancia temprana también puede prevenir la tos ferina. La vacuna contra la tos ferina se da en la misma inyección junto con la vacuna contra la difteria y los tetanos, esta vacuna se llama DTaP. Esta vacuna no se puede dar a personas de siete años de edad o más grandes. La protección empieza a disminuir en los niños grandes y los adultos. Los casos hospitalados y las muertes a causa de la tos ferina ocurren en niños menores de tres meses de edad. Cuando sea posible, los bebés se deben guardar lejos de personas que tengan tos. Los bebés con cualquier enfermedad que tenga tos se deben ver por un médico.

### **¿Es segura la vacuna contra la tos ferina?**

Si, la vacuna es segura para la mayoría de las personas. Aunque hay un pequeño riesgo de problemas causados por la vacuna, la tos ferina es extremadamente seria. La tos ferina causa de diez a veinte muertes cada año en los Estados Unidos. Es por eso que los expertos recomiendan que todos los bebés y niños se vacunen completamente con la vacuna del DTaP a menos que haya alguna razón médica porque no se deban vacunar.

### **¿Dónde se puede encontrar más información?**

Su médico o enfermera le pueden dar más información y también su departamento de salud local, o llame al Departamento de Salud de Texas, Division de Vacunación (Texas Department of Health, Immunization Division) al 1-800-252-9152.



Texas Department of Health

Eduardo J. Sanchez, M.D., M.P.H.  
Commissioner of Health

<http://www.tdh.state.tx.us>

Charles E. Bell, M.D.  
Executive Deputy Commissioner

1100 West 49th Street  
Austin, Texas 78756-3199  
512/ 458-7111

Dear Physician:

<Brief description of pertussis problem in the community, schools, etc.>

Pertussis should be considered when evaluating any patient with an acute cough illness characterized by one or more of the following symptoms: prolonged cough, cough with paroxysms, whoop, or post-tussive gagging/vomiting. Infants may present with apnea and/or cyanosis. An increased white blood cell count with lymphocytosis is a characteristic but nonspecific finding. Adults, teens, and vaccinated children often have mild symptoms that mimic bronchitis or asthma.

*Laboratory tests should be used in conjunction with clinical symptoms for diagnosis and can be used to confirm but not rule out pertussis.* The organism is more likely to be found early in the coughing phase. After 3–4 weeks in the disease process the organism may have cleared the nasopharyngeal area. See enclosed information regarding pertussis tests.

If you clinically suspect pertussis:

- Report immediately to your local health authority
- Submit specimens for laboratory confirmation. The preferred laboratory test for confirmation of pertussis is isolation of *Bordetella pertussis* by culture. Polymerase chain reaction (PCR) testing is also available in some labs, and is considered confirmatory when consistent with a clinical diagnosis.
- Begin chemoprophylaxis of patient and all household and close contacts *regardless of age or vaccination status*.
- Review immunization records for children less than 7 years of age. Children in this age group who have not completed the DTaP four dose primary series should complete the series with minimal intervals. Those who have completed the primary series should be given a booster dose if their last dose of DTaP was given more than 3 years ago.

Treatment of suspects and contacts may include either erythromycin or trimethoprim/sulfamethoxazole administered for 14 days. If these drugs are not tolerated, clarithromycin or azithromycin can be substituted. Symptomatic children and/or adults may return to school or work after completing the first 5 days of medication.

Pertussis immunity is not absolute (100%) and may not prevent infection. Older children and adults with mild illness can transmit the infection and are often the source of illness in infants. Therefore, early recognition and treatment of pertussis in contacts of young infants and prophylaxis of their household members is especially important.

Please call (800) 705-8868 or (800) 252-9152 with questions or to report a known or suspected pertussis case.

Sincerely,

# Pertussis Press Release

## Key items to include:

- Description of local outbreak or situation creating a concern
- Public health response activities
- Contacts for information
- Description of pertussis symptoms (use information from the Pertussis Fact Sheet)
- Method of spread
- Treatment
- Methods of prevention
- Population at risk

## Example:

Whooping Cough (Pertussis) Alert

June 4, 2001

Midland Health and Senior Services

Texas Department of Health, Public Health Region 9/10

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Midland Health and Senior Services continues to investigate an outbreak of whooping cough at the Advantage Charter School in Midland. Although the first reported case became ill in April, the investigation has revealed possible cases as far back as December of last year. Although the majority of the 29 suspected cases are students, others are school employees or parents or siblings of students. Suspected cases range in age from 3 years to 51 years.

Whooping cough (also known as pertussis) is a bacterial disease that is easily transmitted from person to person. It spreads through the air during talking, sneezing, or coughing. It can be a very serious illness, especially for young infants. During the first 1 to 2 weeks, persons with whooping cough may only experience a runny nose and non-productive cough, similar to a cold. Young children may have more serious coughing fits, often followed by a whooping sound as they try to catch their breath. After coughing, a person may have difficulty catching their breath, vomit, or become blue in the face from lack of air. Between fits, the person often feels well. Coughing spells may continue for several weeks or months. Adults and children 7 years of age and older who get whooping cough may have only a prolonged cough.

Although whooping cough is often thought of as a childhood disease, whooping cough can occur among persons of any age. Protection from vaccination wears off over time, so school-aged children, adolescents, and adults can introduce whooping cough into households where there are preschool-age children and infants who are not protected.

Anyone with an unexplained acute cough illness or who has had close contact to a person with whooping cough should contact their health care provider. Early diagnosis and treatment may reduce the severity of symptoms and shorten the contagious period. Antibiotics should be given to all household and other close contacts to prevent spread of the disease.

Prompt identification of cases can also help identify undervaccinated or unvaccinated children. Parents are urged to check their children's shot records to be sure they are completely vaccinated against pertussis (whooping cough). (Pertussis vaccine is only given to children under 7 years of age.) Parents who are unsure about their child's vaccination status should contact their family doctor or Midland Health and Senior Services.

Parents are also advised to keep infants—especially those less than 6 months of age—away from persons with a cough illness because infants are more likely to experience severe illness if they develop whooping cough. For more information on whooping cough, contact Midland Health and Senior Services at (915) 681-7613 or the Texas Department of Health in Austin at (800) 252-9152.



## Pertussis Tests

### Test Interpretation

The tests of choice for confirmation of pertussis are isolation from culture or detection of unique DNA patterns by PCR. Direct fluorescent antibody (DFA) testing lacks both sensitivity and specificity and therefore is not considered confirmatory. Antibody tests for IgG and IgA antibodies to fimbria, pertussis toxin, and filamentous haemagglutinin may provide supportive evidence of infection after several weeks of illness.

*B. pertussis* is more likely to be found during the early stage of infection. By the time a clinical diagnosis is made the organism may have cleared the nasopharyngeal area especially if any antibiotic therapy has been initiated. **Negative tests results should not be used to rule out pertussis.** In practice, the diagnosis and treatment should be based on symptoms and the course of illness.

### Test Availability

Pertussis tests are available commercially, at most hospital labs, and at the Texas Department of Health (TDH). If needed, test kits can be ordered when calling your local health department at (800) 705-8868 to report suspected cases of pertussis, or can be ordered from TDH by calling (512) 458-7661. Kits can be shipped overnight upon request.

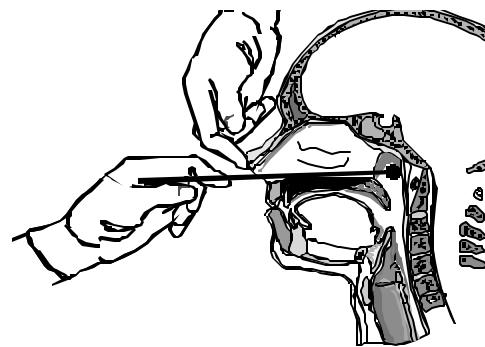
### Specimen Collection

Either a nasopharyngeal (NP) swab or an NP aspirate is the specimen of choice for culture, polymerase chain reaction (PCR), or DFA tests. Throat swabs and anterior nasal swabs are not acceptable for the evaluation of pertussis. Because *B. pertussis* is fastidious and its isolation in culture is easily obscured by growth of other nasopharyngeal organisms, optimal sampling and handling of the specimen will improve the rate of recovery.

#### Nasopharyngeal Swab

- ◆ Immobilize the patient's head.
- ◆ Gently insert either a thin-wire calcium alginate or Dacron swab into a nostril until the posterior nares is reached.
- ◆ Leave the swab in place for at least 10 seconds. This procedure may induce coughing and tearing.
- ◆ If resistance is encountered during insertion of the swab, remove it and attempt insertion on the opposite nostril.
- ◆ Remove the swab slowly.

#### *Appropriate positioning of a*



#### Nasopharyngeal Aspirate

- ◆ Immobilize the patient's head.
- ◆ Gently insert a small tube connected to a mucus trap into the nostril back to the posterior pharynx. Insertion may induce coughing and tearing.
- ◆ Aspirate secretions while the tube is in that position and as it is slowly withdrawn to the middle of the nasal cavity.
- ◆ Flush the catheter by aspirating 0.5 – 1.0 mL of 0.1% casamino acids solution or saline through the catheter into the trap.
- ◆ Material in the mucus trap and any material flushed from the tube can be used to inoculate culture media for isolation of *B. pertussis*.
- ◆ The specimen may be split for use on 2 or more tests such as culture, PCR, or DFA.
- ◆ For culture, use a capillary pipette to mix the specimen, and then withdraw a sample to inoculate the surface and insert into the deep of the Regan Lowe transport media.

### Pertussis Culture

- ◆ Use Regan-Lowe (RL) transport media. Roll the swab across the **slanted** surface of an RL transport slant, and then place the swab into an RL transport deep, pushing swab down into the medium. Cut off the shaft of the swab at the top of the tube and replace the cap.
- ◆ Label the slant and deep tubes with the patient's name and date of birth or social security number.
- ◆ If there is a delay of more than two (2) hours between collection and shipment, refrigerate specimens.
- ◆ Ship specimens via overnight delivery on cold packs or wet ice within 48 hours of collection.

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TO: Parents/Guardians, Staff

FROM:

SUBJECT: Pertussis (Whooping Cough)

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A possible case of pertussis, also called “whooping cough,” has been reported in our school. Pertussis is caused by bacteria infecting the mouth, nose, and throat. It is spread through the air by cough. Pertussis is usually mild in older children and adults, but often causes serious problems in babies under 1 year of age.

Pertussis symptoms appear five to twenty-one days after infection. Usually only close contacts of students with pertussis become infected. Pertussis begins with cold-like symptoms (sneezing and a runny nose) and a cough that gradually becomes worse. After one to two weeks, the cough usually occurs in strong “coughing fits.” In young children, this is often followed by a whooping noise as they try to catch their breath. After coughing, a person may have difficulty catching their breath, vomit, or become blue in the face from lack of air. Between coughing spells, the person may appear well. There is generally no fever. The cough is often worse at night and cough medicines usually do not help reduce the coughing. Coughing fits can last six weeks or longer. Adults, teens, and vaccinated children often have milder symptoms similar to bronchitis or asthma.

Although pertussis vaccine is available, it cannot be given after seven years of age. Vaccine protection begins to fade in older children and adults.

**Please consider the following Texas Department of Health recommendations:**

- 1) If your child comes down with cold symptoms that include a cough, talk to your child’s doctor. Tell the doctor that pertussis has been reported in your child’s school. Report possible pertussis infections to the school nurse or health department.
- 2) Babies under one year of age are most likely to have severe illness. When possible, babies should be kept away from people with a cough. **Any baby with a coughing illness should be seen by their doctor as soon as possible.**
- 3) If you have children less than 7 years of age who have not been completely vaccinated for pertussis (particularly babies under one year of age), talk to your child’s doctor about the benefits of vaccination.

For more information about pertussis, see the following web sites or contact the Texas Department of Health Immunization Division at (800) 252-9152.

<http://www.cdc.gov/nip/publications/pink/pert.pdf>  
<http://www.tdh.state.tx.us/phpep/dpn/issues/dpn61n16.pdf>

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PARA: Padres, Tutores legales, Empleados (Parents/Guardians, Staff)

DE PARTA DE:

SOBRE: Tos Ferina (Pertussis)

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Se ha reportado un posible caso de tos ferina o pertussis en nuestra escuela. La tos ferina la causa una bacteria que infecta la boca, nariz, y garganta. Se transmite por el aire por medio de la tos. La tos ferina por lo regular es más leve en los adolescecentes y adultos, pero causa problemas muy serios en los bebes de menos de un año de edad.

Los síntomas de la tos ferina aparecen de cinco a veintiún días después de la infección. Típicamente solo las personas que tienen contacto cercano con personas infectadas con tos ferina se infectan. La tos ferina empieza con síntomas parecidos a los de un resfriado común (con estornudos y mucosidad de la nariz) y una tos que gradualmente empeora. Después de una o dos semanas, la tos ocurre en ataques sofocantes de tos. En niños pequeños, esto ocurre frecuentemente con un ruido silbático que ocurre cuando el niño trata de alcanzar el resuello. Después de toser, la persona frecuentemente tiene dificultad al tartar de respirar, vomita, o la cara se le pone azul por falta de aire. Entre los accesos sofocantes de tos la persona parece estar bien y sana. Generalmente no hay fiebre. La tos es peor durante la noche y las medicinas contra la tos no tienen ningún efecto para reducirla. Los accesos de tos pueden durar seis semanas o más. Los adultos, adolescentes, y niños vacunados frecuentemente tienen síntomas más leves parecidos a los de la bronquitis y el asma.

Aunque hay una vacuna contra la tos ferina no se puede dar después de los siete años de edad. La protección de la vacuna empieza a disminuir en los niños más grandes y los adultos.

Por favor tome en cuenta las siguientes recomendaciones del Texas Department of Health (el Departamento de Salud de Texas.)

- 1) Si su niño tiene síntomas de un resfrio que incluyen tos, hable con el médico del niño. Dígale al médico que se ha reportado la tos ferina en la escuela del niño. Reporte la posibilidad de infecciones de tos ferina a la enfermera de la escuela o al departamento de salud.
- 2) Los bebes de menos de un año de edad tienen más peligro de tener una enfermedad seria. Cuando sea posible, los bebes se deben guardar lejos de las personas que tengan tos. Los bebes que tengan una enfermedad con tos deben ser vistos por su médico tan pronto como sea posible.
- 3) Si Usted tiene niños menores de siete años de edad que no estan completamente vacunados contra la tos ferina—especialmente los bebes de menos de un año de edad—hable con el médico de los niños sobre los beneficios de la vacunación.

Para más información sobre la tos ferina, por favor vea los siguientes sitios del web o póngase en contacto con el Texas Department of Health, Immunization Division (Departamento de Salud de Texas, Division de Vacunación) llamando al 1-800-252-9152.

<http://www.cdc.gov/nip/publicaions/pink/pert.pdf>  
<http://www.tdh.state.tx.us/phpep/dpn/issues/dpn61n16.pdf>

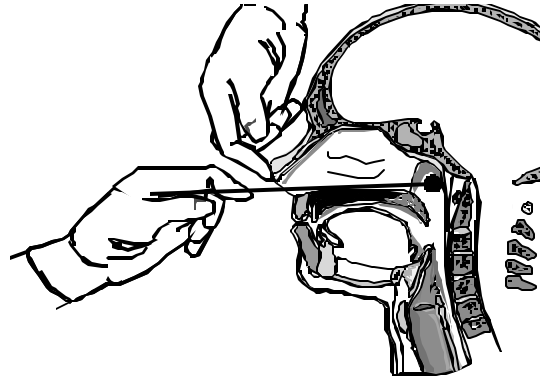
## Pertussis Collection Kit Instructions

- ◆ Refrigerate media upon arrival.
- ◆ Both nasopharyngeal (NP) swabs and aspirates are acceptable specimens for culture or DFA.
- ◆ An NP aspirate can be split to inoculate culture and transport media and prepare DFA slides.
- ◆ If nasopharyngeal swabs are used, inoculate the transport and culture media with the first swab and the DFA slides only if a second swab is obtained.

### Nasopharyngeal Swab

- ◆ Immobilize the patient's head.
- ◆ Gently insert nasopharyngeal swab into a nostril until the posterior nares is reached.
- ◆ Leave the swab in place for at least 10 seconds. This procedure may induce coughing and tearing.
- ◆ If resistance is encountered during insertion of the swab, remove it and attempt insertion on the opposite nostril.

### *Appropriate positioning of a*



### Pertussis Culture

- ◆ Use Regan-Lowe (RL) transport media (shelf life of three months). DO NOT USE MEDIA AFTER THE EXPIRATION DATE PRINTED ON THE TUBE.
- ◆ Roll the swab across the **slanted** surface of the RL transport slant, and then place the same swab into the RL transport deep, pushing swab down into the medium. Cut off the shaft of the swab at the top of the tube. Replace the cap.
- ◆ Label the slant and deep tubes with the patient's name and date of birth or social security number.
- ◆ If there is a delay of more than two (2) hours between collection and shipment, refrigerate specimens.

### Direct Florescent Antibody (DFA)

- ◆ Using a plastic transfer pipe, transfer one drop of sterile distilled water or one drop of a nasopharyngeal aspirate to each circle of the fluorescent antibody (FA) slide.
- ◆ Apply the swab to each circle on the slide. Swirl the swab in the drop of fluid to mix well.
- ◆ Air dry the slide and label with the patient's name (at least last name, first initial) or the social security number (must also be on the form to verify identification).

### Specimen Shipment

- ◆ If available, use a **Texas Department of Health G-1a Specimen Submission Form**.  
(An alternative form is included for new submitters only).
- ◆ Make sure the patient's name and date of birth or social security number match exactly what is written on the transport tubes. Mark the **pertussis only** test. Fill in the date of collection, date of onset, and diagnosis/symptoms.
- ◆ Ship specimens via overnight delivery on cold packs or wet ice within 48 hours of collection.
- ◆ Mark Saturday delivery if shipped on Friday and label mailer "Refrigerate Upon Arrival".
- ◆ **Mail specimens to:**  
Bacteriology  
Bureau of Laboratories  
Texas Department of Health  
1100 West 49th Street  
Austin, TX 78756  
(512) 458-7211 (after hours delivery)
- ◆ **Contact:**  
Mary Goff, Section Chief  
Clinical Bacteriology  
(512) 458-7582

*If available use a TDH G-1a Specimen Submission Form. If your agency has never submitted specimens to the Texas Department of Health Laboratory use the form below. You will be assigned an agency number, and master forms with your agency number and address will be mailed to you for future submissions.*

<b>AGENCY INFORMATION:</b>
Agency/Clinic Name:
Street Address:
City/State/Zip Code:
Phone Number:
Submitter Contact Name and Fax Number:

<b>PATIENT – SPECIMEN INFORMATION:</b>											
Last Name:*						First Name:*				MI:	
Street Address:											
City/State/Zip Code:											
SSN:				-			-				DOB:
Sex: M / F (circle)			Race: ?White   ? Af Amer   ? Hispanic   ? Amer Indian   ? Asian   ? Other								
Diagnosis/Symptoms:									Date of Onset:		
Type of specimen: ? NP swab   ? NP aspirate   ? Other _____											
Date of Collection:						Patient ID Number:					

\*NOTE: Patient name (first and last) and another ID (either DOB or SSN) is required on specimens and **MUST MATCH NAME AND ID ON THE FORM**. On slides last name and first initial *or* SS# if included on the form will be accepted due to limited space.

<b>TEST REQUEST: BACTERIOLOGY, PERTUSSIS ONLY</b>
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